PTO/SB/17 (10-08)
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Under the Pap			5, no person are re	quired to	respond to a collection	n of informa	nark Office, 0.3. DEF ation unless it displays	s a valid OME	3 control number	
Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				4818).	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		10/730,223-Conf. #2462			
FEE TRANSMITTAL				Ļ	Filing Date		December 5, 2003			
For FY 2009					First Named Inve	Gregory, T. Hu				
					Examiner Name	S. L. McClendo				
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		1796			
TOTAL AMOUNT OF PAYMENT (\$) 70.00					Attorney Docket No. S9025.0331					
METHOD OF PAYMENT (check all that apply)										
Check x Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of Credit any overpayments										
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
I. BASIC FILING	, JEANOH, AI		IG FEES		ARCH FEES	EXAMI	NATION FEES			
			Small Entity	Enc (f)	Small Entity	Eac (#)	Small Entity	Food	Paid (\$)	
Application Ty	<u>pe</u> <u>F</u>	ee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u> 270	Fee (\$) 220	<u>Fee (\$)</u> 110	rees	<u>r αιυ (φ)</u>	
Utility		330	165	540		220 140	70			
Design		220	110	100	50 165	140 170	70 85			
Plant		220	110	330	165					
Reissue		330	165	540	270	650 0	325 0			
Provisional 220 110		0	0	U	U		Small Entity			
Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (including Reissues)								52	26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent claims								390	195	
Total Claims	Extra (Claims	Fee (\$)	F	ee Paid (\$)		<u>Multiple Depend</u>			
	20 or HP	,	· =			<u> </u>	ee (\$)	Fee Paid (<u>\$)</u>	
HP = highest numb					D-14 (A)					
Indep. Claims	Extra (Fee (\$)	F	ee Paid (\$)					
- 3 or HP = X = HP = highest number of independent claims paid for, if greater than 3.										
3 APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
listings und	er 37 CFR 1.52	2(e)), the	application siz	e fee di	ie is \$270 (\$135 i	for small	entity) for each a	dditional	50	
					37 CFR 1.16(s).	otion the	nof Eco (\$)	Ess	Paid (\$)	
Total Sheet		Sheets			dditional 50 or fra			<u>- ree</u>	1 alu (\$)	
- 100 = /50 = (round up to a whole number) x =										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1501 Utility issue fee (\$1,440.00 previously paid on 6/18/09) 70.00										
		7						-		
SUBMITTED BY Signature	- (f	11.	11/-0		Registration No.	24,73	5 Telephone	(212) 2	77-6520	
	Muar	7/ U ·	man	<u> </u>	(Attorney/Agent)	- 1,100	Date		5, 2009	
Name (Print/Type)	Edward A. N	/ieiiman	•				Date	Julie 2	J, 200 3	

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